| | | (106-08) | | 7 - | |
|------|----------------|-----------------------|---|---|------------------|
| | | | Registration Dis | st. No. | 3 |
| | Np. | | | St. | Ward |
| (If | | | ution, give its NAME in | | |
| mos | ~ ~ ~ | | of foreign birth? | yrsm | ios ds. |
| h | Cill | en. | | | |
| | St | Ward. | | | |
| | J., | ware. | If nonresident giv | e city or town and | State |
| | | MEDICAL C | CERTIFICATE C | OF DEATH | |
| ED. | 21. DATE | OF DEATH | | | _ |
| rd) | | July | 10 | | , 193 3 · |
| • | | 1 | | | |
| | 22 | HEREB | Y CERTIFY, | That - attended | deceased from |
| | une | | 1953 10 | e y/ | 8/, 19 5 5 |
| 2. | I last saw h. | alive on | Suits | 257 1903 | ; death is said |
| han | to have occu | irred on the date sta | ted above, at 1:40 F | m. | |
| hrs. | The PRINCE | PAL CAUSE OF DEA | ATH and related causes of | | |
| n. | were as foll | / | | | Oate of onset |
| | u | ece/2 | Bear | well. Y | 6/1/23 |
| | | | | -Curry | 1.100 |
| | | | | | |
| | | | | | |
| | | | 11 | | |
| | Other Cantr | ibutory Causes of Im | portance: | -1 | |
| | fol |) all | Jonles | w V | |
| | 101 | 1 01 | d. dece | * 1205 | |
| | de | 12 04 | a. aux | 0 7 | |
| | Name of ope | eration | | Date of | |
| | What test co | onfirmed diagnosis?_ | | Was there an | autopsy? |
| | 23. If death w | vas due to external c | auses (VIOL ENCE) fill in | also the followin | g: |
| | Accident, su | lelde, or homicide? | Dat | e of injury | , 19 |
| | Where did I | njury occur? | | | ~~~~ |
| | Specify whe | ther Injory occurred | (Specify city or town INDUSTRY, in HDME | wn, county and Sta , or in PUBLIC PI | ite) LACE, |
| | | | | | |
| 47 | Manner of I | niury | | | |
| 33. | - Nature of In | | | * | |
| | | | way related to occupate | 0 | |
| | - | X | way related to occupate | on wi deceased? | |
| | If so, specif | | 179 11 | La | |
| a | (Signed | | 0/18 | 10 | M. D. |
| rar. | 1 | (Address) | 1600 | / /A | 4 |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name-other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL : | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|---------|------------|----|-----------|
|--------------|-------|-----|---------|------------|----|-----------|

If more blanks are needed, address Stern Registrar, 2411 N. Charles Street, Balishole, Request

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Example II | | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| BUREAU V. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH Exact statement of OCCUPA-

| 1. PLACE OF DEATH | 48 |
|---|--|
| county Prince Gelonges | Registration Dist. No. 242 |
| Village or City Lapsta (Agha) Md. | NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town whare death occurred | sds. How long in U.S. if of foreign birth?yrsmos,ds |
| 2. FULL NAME Trances 6. Pal | laid |
| (a) Residence: No. Lingston Tolmson We (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR MACE OR DIVORCED (write the word) Marria | 21. DATE OF DEATH (Moath) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Trelman & Pallard | 22. HEREBY CERTIFY, That I attended deceased from |
| 1 1 1893 | 100 July 1, 195 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than | I last saw hour filive on file above, at 12 Am. |
| 39 10 11 1 day, | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Generalized Carcinoma |
| 9. Industry or Dusiness in Which | |
| SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation occupation. | |
| 12. BIRTHPLACE (city or town) Washington | Other Coutributory Causes of importance: Can Connounce of Cerry |
| (State or country) 2 13. NAME 3 PSS W. Morrison | - O |
| 14. BIRTHPLACE (city or town) Zaurl | Name of operation Oate of |
| (State of Country) | What test confirmed diagnosis? Beggin Was there an au'opsy? |
| 15. MAIOEN NAME Unknow 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) (State or country) (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| France & Ballard | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT (Address) master are Francon are Coas Hatery | Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of injury |
| Place Library Turn Date Library 47, 19) | Nature of injury |
| 19. UNDERTAKER W. M. Spambys | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) fortham Wash. DC | If so, specify |
| 20. FILEOPHY & 2, 1933 Trace plow | (Signed) and M. (Midross) Faces trailed had |
| Negistral. | tyring odd a company of the second of the se |

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

properly classified.

A PERMANENT RECORD. Every item of infor-

UNFADING INK-THIS IS MARGIN RESERVED

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

m

FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUNEAU VO | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 07327 |
|--|--|
| 1. PLACE OF DEATH | 942 |
| County Prince Leorges | Registration Dist. No. 438 |
| Village or City Selesia, Mrd | NoSt Ward |
| (1) | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredmos. | ds. How long in U.S. if of foreign birth?yrsmos,ds. |
| 2. FULL NAME / Nary Elysbeth Barl | holomew |
| (a) Residence: No. Silesta Md | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Female 111 his OR DIVORCED (write the word) | July 7 1933 |
| 700700 | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22, HEREBY CERTIFY, That I attended deceased from |
| | april 3 1933, to July 7 , 19 23 |
| 6. DATE OF BIRTH (month, day, and year) Nov 28, 1859 | I last saw h_24 alive on |
| 7. AGE Years Months Oays If LESS than 1 day,hrs. | to have occurred on the date stated above, at 6: 50 m. |
| 7 9 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, House keeper SAWYER, BOOKKEEPER, etc. | arterios cleros |
| SAWYER, BOOKKEEPER, etc. | (including Cornaus) |
| 9. Industry or business in which work was done, as SILK MILL, None SAW MILL, BANK, etc | |
| O 10Date deceased last worked at . 11. Total time (years) | |
| this occupation (month and taken spent in this occupation spent in this | |
| 12. BIRTHPLACE (city or town) Doylestown Pa | Other Contributory Causes of importance: |
| (State or country) | a second second second |
| 13. NAME Isaac (1) aune Bartholome | |
| 13. NAME Jook Wayne Bartholome 14. BIRTHPLACE (city or town) Puttabell Pa | Name of operation None Oate of |
| (State or country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME Mary Louise Pierce | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIOEN NAME May Louise Vierce 16. BIRTHPLACE (city or town). Bucks Co. Pa | Accident, suicide, or homicide? 200 Date of injury 19 19 |
| (State or country) | Where did injury occur? Non- |
| 17. INFORMANT Family Rible | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) | non |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Oate 78, 1933 | Nature of injury |
| 19. UNOERTAKER Martin W. Hesong Co | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) 500 Mast Unsty | If so, specify |
| 20. FILEO 7/8 1333 Kuy / Sureman | (Signed) 4. W Athle prog. M. O. |
| Registrat. | (Address) 2/13 H At St. W |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Work. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| pal cause of death and related causes need were as follows: pilepsy street car 1 week ago 1 week ago |
|--|
| street car 1 week ogo |
| 1 wook byo |
| |
| 3 days ago |
| ributory causes of importance: |
| |

| ADDITIONAL | SPACE F | FOR FURTHER | STATEMENTS | BY | PHYSICIA |
|------------|---------|-------------|------------|----|-----------|
| ADDITIONAL | SPACE F | FOR FURTHER | STATEMENTS | BY | PHYSICIAL |

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 7999 |
|--|---|---------------|
| 1. PLACE OF DEATH | 920) | 1000 |
| County James Teore EX | Registration Dist. No. | 38 |
| Village or City County & princes | No. St. | Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and | number) |
| 100000000000000000000000000000000000000 | ds. How long in U.S.If of foraign birth?yrs,m | 10sds. |
| 2. FULL NAME CHUICAL ORIUS | | |
| (a) Residence: No Sulph Sulphace of above) | St., Ward. If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH July 18 | , 193 |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) | (Year) |
| (or) WIFE of Elizabeth aruse | 22. HEREBY SERTIFY, Mat I attended | deceased from |
| 6. DATE OF BIRTH (month, Pay, and year) Suue 20-1853 | last saw h_ alive on feel 15 193 | death is said |
| 7. AGE Years Month Days If LESS than | to have occurred on the data stated above, at 2. a.m. | |
| 80 28 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | there seletares | |
| F. C. | mulral regurgulation | |
| 9 Industry or business in which work was done, as SILK MILL Work Code Roads SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and code as spent in this | & my occuration | 1930 |
| spent in this | | |
| year) | Other, Contributory Causer of Importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | arleno selerosa | 1925 |
| | | |
| = | | - |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of | 1 |
| E 15. MAIDEN NAME Wellwown | What test confirmed diagnosis? Was there an | |
| I S DIDTING ACT (A) | 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicida, or homicide? | 3: |
| 16. BIRTHPLACE (city or town) (State or county) | Where did injury occur? | , 19 |
| 17. INFORMANT Elizabeth Bruce | (Specify city or town, county and Stal Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | te) ACE. |
| 18. BURIAL, CREMATION, OU REMOVAL | Manner of injury | |
| Place Mt Hofel Com. ge July to , 1933 | Nature of injury | |
| 19. UNDERTAKER John & Slowood | 24. Was disaasa or injury in any way related to occupation of deceased? | 0 |
| (Address) 30 M A. M. | If so, specify | 7 |
| 20. FILEDFELLY /8, 1933 Cleef Villean. | (Signed) Wandy with | e red |
| If more blanks are needed, address State Revistrar. | 2411 N. Charles Street, Baltimore, Requesting V. S. No. (1) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and ewn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onsat of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

CEDTICICATE OF DEATH CTATE OF MADVIAND

| 1. PLACE OF DEATH | D-CERTIFICATE OF DEATH |
|---|--|
| Paris Olasson | Registration Dist. No. 230 |
| | |
| Village or City Cally Park, Wel | NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 3 Cyrs. | mosds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Samuel Sultanberry | d Buckley |
| (a) Residence: No. Colley Park | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo | |
| Wede west underes | (MonU) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of Clara Buckley | July 6, 1933, to - 19.2 |
| DATE OF BIRTH (month, day, and year) Wear 31, 1873 | |
| 7. AGE Years Months Days If LESS | than to have occurred on the date stated above, at 20:0A-m. |
| 60 1 6 1day, | THE CASE OF DEATH and related causes of importance |
| 8 Trade prolession or particular (44 Magazza C | Pulmorary Embolismy July |
| 8. Trade, prolession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. | Cart 53 |
| kind of work done, as SPINNER SAWYER, BOOKKEPER, etc Industry or business in which work was done, as SILK Mby SAW MILL, BANK, etc 10. Date deceased last worked at this necupating (mbath and | |
| work was done, as SILK MUY S. O. F. a. Cycles SAW MILL, BANK, etc. 11. Total time (years) | LUNU) |
| | 6 |
| 0 . 1 0 0 1 1 1 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | 24 Probably fallying applelich front |
| 13. NAME Early Buckles | - pringuselle 1733 |
| 014 | No. of control of the |
| (State or country) | Name of operation |
| 15. MAIDEN NAME PSOPON M. See be Conse | 23, If death was due to external causes (VIOLENCE) fill in also the following: |
| Ou market | Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| Min Galinde & Buchle | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 17. INFORMANT (Address) | ud |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Bottovilla Md Date July 3 , 1 | 9.5.3 Nature of injury |
| The of Shall | 24. Was disease or injury in eny way related to occupation of deceased? |
| 19. UNDERTAKER Jacks John (Address) | If so, specify |
| 20, FILED Isles 6- 19 3 3 Wass & Sus | (Signed) LO (Olley Gentle M. E. |
| 20. FILED July 6-, 19.3. J. Was Charles Regist | trar. (Address) Berusse Wed. |
| If more blanks are needed, address State Ro | egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

V. S. No. 1

PHYSICIANS should state

or occupa.

Exact statement

item of infor-

TH UNFADING INK-THIS IS A PERMANENT RECORD. Every

MARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

B. ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

[If death escurred to a hospital or institution, give its NAME instead of street and number.]

hould be stated EXACTLY. PHYSICIANS be properly classified. Exact statement of Every item of In should state CA OCCUPATION

| Cou | PLACE OF DEATH | | <i>5</i> 9) |
|----------------|--|-----------------------------------|--|
| VHla | age or City Vista (No. | , | |
| | 2 FULL NAME Amue & To | Parup | bell |
| | PERSONAL AND STATISTICAL PARTICULA | RS | ME |
| 72 | unale Color of RACE MARRIED, WIDOWED OR DIVORCED (Write the word) | | 10 BATE OF DEA |
| 0 D/ | TE OF BIRTH | L, 1868 (Year) | that I last saw |
| 7 AG | 65 ⁻ | It LESS than 1 day, hrs. OR min.? | and that death The CAUSE OF |
| P pa (b) bu wh | CCUPATION a) Trade, protossion, or ritcular kind of work l) General nature of industry siness, or establishment in lich employed (or employer) IRTHPLACE (State or country) | | Contributory |
| - | 10 NAME OF FATHER | | (Signed) Caux |
| PARENTS | 11 BIRTHPLACE OF FATHER (State or country) | | State the GAUSES, state (|
| PAR | 12 MAIDEN NAME OF MOTHER | | SUICIDAL OF HO |
| | 13 BIRTHPLACE OF MOTHER (State or country) | | OR RECENT Res: At place of deathyre. |
| 14 TI | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLED (Informant) Nachols Campbell | GE 2 | Where was disease con if not at place of deat Former ar asual residence |
| 15 | (Address) ZZZZ N NW washingt | m 46 | Washing |
| | 00 Jun 6. 19153 Telaner-6 | Cura | 20 UNDERTAKER |

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

St.;Ward)

Registration Dist. No. 243

| MEDICAL CI | RTIFICATE | OF DEATH | |
|---|----------------------|--|--|
| 18 BATE OF DEATH | July | 」 (Day) | , 19B J |
| I HEREBY CERTI | | attended deo | |
| June / 19 | 3.3. to 1 | 0 | , 1913.3 |
| that I last saw h.Mall | ve on In | ly Z | 1913.3 |
| and that death occurred | on the date | stated above, | at 730 Pm |
| The CAUSE OF DEATH * | was as foll | ows: | |
| 1 0 | 1. | | |
| Dalu | tis | *********** | ********************** |
| *************************************** | | *********************** | |
| | ************** | *********************** | ***************** |
| | (Buratton) | yra. 2 | mos de |
| Contributory | ******************** | | |
| Signed) James H | O Trustion) | H | . mos |
| July 6 , 180 2 (Ad | 4/0 | 19 | alo mi |
| State the DIBEASE CAUSES, state (1) MEANS OF SUICIDAL OF HOMICIDAL. | D | or, in deaths from | n VIOLENT |
| ELENGTH OF RESIDENCE | FOR HOSPITAL | . INSTITUTIONS, | TRANSIENTS |
| OR RECENT RESIDENTS) | | | |
| of death | in ti de. Str | re ite,yrs | man da |
| Where was disease contracted, If not at place of death? | | | |
| Former ar esual residence | | ······································ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| PLACE OF BURIAL-OR RE | MOVAL | DATE OF B | URIAL |
| 1/201 | 10 1 | | |

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compositor, Architect, tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. of various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-('wil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopneumonia ("Pneumonia," manin-unqualified. is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless "Tumor" for mulignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... by railway train-accident; Revolver wound The contributory (secondary or intercurby carbolic "Dropsy," "Uracmia," "Weakness," Never report mere "Atrophy," acid-probably "Exhaustion," important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 332 |
|---|--|---------------|
| 1. PLACE OF DEATH | 93-6 | |
| County Truck Tears | Registration Dist. No. 23 | 0 |
| Village or City well Calle - Pack | No. St., | Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and numerical death of the street and numerical death of the street and numerical death of the street and numerical death occurred in a hospital or institution, give its NAME instead of street and numerical death occurred in a hospital or institution, give its NAME instead of street and numerical death occurred in a hospital or institution, give its NAME instead of street and numerical death occurred in a hospital or institution, give its NAME instead of street and numerical death occurred in a hospital or institution, give its NAME instead of street and numerical death occurred in a hospital or institution, give its NAME instead of street and numerical death occurred in the street and numerical death occurred in | |
| 2. FULL NAME CYMPTICA CINC | Q (A | |
| (a) Residence: No. Mean Callage Port | St., Ward. | mp) |
| (Usual place of alkode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH | ate |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| Therefore west and DIVORCED (write the word) 5a. It-merried, widowed, or divorced | (Month) 2 (Day) | (Year) |
| HUSBAND of Plersy Cough. | 22. I HEREBY CERTIFY, That I attended de | ceased from |
| 6. DATE OF BIRTH (month, day, and year) March 15 1850 | I fast saw had alive on 1983; | death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at | |
| 8 Trade profession or particular | wera as follows: | Date of onset |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yaars) this occupation (month and | | |
| A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | | |
| 10. Date deceased last worked at this occupation (month and 1904) 11. Total time (years) spect in this occupation. | | |
| 12. BIRTHPLACE (city or town) Stassas | Other Contributory Canses of importance: | o un |
| II 13. NAME John Vierson | | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of | |
| Grate of country) | What tast confirmed diagnosis? Was there an auto | opsy 140 |
| 15. MAIDEN NAME (Mahell - Philiteomb | 23. If death was dua to external causes (VIOLENCE) fill in also the following: | |
| O 16. BIRTHPLACE (city or town) (State or country) | Accidant, suicide, or homicide? Data of injury Where did injury occur? | , 19 |
| 17. INFORMANT SEOS Conque | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | E. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Place Refunderly S. N. Date July 1, 19 33 | Nature of injury. | |
| 19. UNDERTAKER & Jacobs Jone | 24. Was disease or injury in any way related to occupation of deceased? | |
| 20. FILED roly 26- 9933 John & Smith | (Signed) Lo College Lengt all |)M. D |
| Registrar. | (Address) | 06/ |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| | | 1 . | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH | 133 |
|--|--|------------|
| 1. PLACE OF DEATH | (31) | _ |
| County Un. Thos fo. | Registration Dist. No. 2 3 3 | |
| Village or City Vitchie ma | NoSt., | Ward |
| 1/1 | If death occurred in a hospital or institution, give its NAME instead of street and number | |
| | 0 0 | _ ds. |
| 2. FULL NAME Charles Fileder | | |
| (a) Residence: No. Oct 1 Genning Sta D. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 5 (Day) 193. | 3 Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of A | 20 LHEDERY CERTIES That I other ded decree | ad from |
| HUSBAND OF Grancis Estelle Cost | 22. HEREBY CERTIFY, That I attended decease | 33 |
| 5. DATE OF BIRTH (month, day, and year) July 26, 1869 | 0.01 33 | th is said |
| AGE Years Months Days If LESS than | to have occurred on the date stated above, at 13.00 Am. | |
| 7 0 1 day, hrs. | THE RINGH AL CAUSE OF BEATH and related causes of importance | |
| 8. Trade, profession, or particular | Date | ofonset |
| kind of work done, as SPINNER, Celued overluce SAWYER, BDDKKEEPER, etc. | O Chronic interstial 4/ | 13/19. |
| work was done, as SILK MILL, & have believed | nejstrules | , 1 |
| SAW MILL, BANK, etc | 3 Topie muo carditis 4 | 13/19: |
| 10. Date deceased last worked at this occupation monity and 1933 spent in this occupation occupation. | 2) Ispec Myo Caractes | |
| | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) wary land | 1) a cule Cardiae de componsation 1/ | 5/10 |
| 13. NAME Gred CRIO | - Caracac Caracac Caracac | Slite |
| i a | Name of operation Your Date of | |
| 14. BIRTHPLACE (city or town) - Maryland (State or country) | What test confirmed diagnosis? Clinical Judius Was there an autopsy | u? |
| 15. MAIDEN NAME M ANY WOOL | 23. If death was due to external causes (VIDLENCE) fill in also the following: | |
| 15. MAIDEN NAME M ary CO OS 16. BIRTHPLACE (city or town) Mary Can a (Stata or country) | Accident, suicide, or homicide? | 19 |
| (Stata or country) Wayland. | Whare did Injury occur? | |
| 17. INFORMANT MAS FIGURE COST (Address) (Peter Denning Sta D.C. | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| 18, BURIAL, CREMATIUN, OK REMIDIAL | Manner of injury | |
| Place Cedar Till Modern 7/7 1933 | Nature of injury | |
| 1 Comment museum | 24. Was disease or injury in any way related to good pation of deceased? | 0 |
| 19. UNDERTAKES MOWERS OF MALEY OF THE METERS | If so, specify | |
| 11/2 20 10/11/1 | (Signed) W Suit hichie | M D |
| 20. FILE Registrar. | (Address) Ita / Wenning 8/4 D | |
| | , 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 0733 |
|--|--|
| 1. PLACE OF DEATH | 130 |
| County Muse for | Registration Dist. No. 25/ |
| Village or City Cause M | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or rown where death occurred | ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Salufle (rawfor | d. |
| (a) Residence: No Laurel Mo | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word) | 21. DATE OF DEATH |
| Temore widow | (Month) (Day) (Year) |
| 5a. If married, widowed of divorced HUSBAND of (or) WIFE of | |
| (or) WIFE of Loft. Chawford. | I HEREBY CERTIFY, That I altended deceased from |
| C DATE OF BIRTH (Such days of the August NA=15/7 | I last saw h alive on 7 (0, 1933); death is sai |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Date If LESS than | to have occurred on the date stated above, atm. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this companion (month and | Cerebal Hammet ()+ |
| 9. Industry or business in which work was done as SILK MULL | Chris Interelled reptul |
| work was done, as SILK MILL Townsew | |
| O logo deceased last worked at this occupation (month and specify in this occupation (month and specify in this occupation) | |
|) veary control occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| | |
| 14. BIRTHPLACE (city or town) | |
| 4. BIRTHPLACE (city or town) (State or country) | Name of operation |
| The state of the s | What test confirmed diagnosis? |
| E The state of the | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town). (State or coontry) | Accident, suicide, or homicide? |
| The state of | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT | Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18: BURAL, CREMATION, OR REMOVAL | Manner of Injury |
| In Backment The Mel Jate July 18 1933 | Nature of injury |
| de la la la de la | |
| 19. UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 100 12 m ha | If so, specify (Signed) 22 23 4 25 4 M. If |
| 20. FILED PULLS 1933 11 - 1 Masheave Registrar. | (Address) |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis Attack of epilepsy 1915 1 week ago Run over by street ear Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones · | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| te r | STATE |
|--|--|
| info sta UP. | 1. PLACE OF PEATH |
| of uld | County Muse |
| item of should of OCC | Village or City / Satt |
| S | Length of residence in city, or town whe |
| Every SIANS ement | 2. FULL NAME May |
| RD. Every YSICIAN statement | (a) Residence: No. |
| O H | PERSONAL AND STATIS |
| RECO Pl Exact | 3. SEX COLOR OR RACE |
| L Y. | Lewale white |
| NE TO T | 5a. If married, widowed, or divorced HUSBAND of |
| X A C classifi | (or) WIFE of Carroll |
| IS A PERMANE stated EXACT properly classified certificate. | 6. DATE OF BIRTH (month, day, and year) |
| A Ped ed | 7. AGE Years Months |
| IS A I stated properl ertifica | 27 8 |
| | 8. Trade, prolession, or particular kind of work done, as SPINNER, |
| TH nuld l | SAWYER, BOOKKEEPER, etc |
| NK_T should it may n back | |
| IN] E SI at it | 10. Date deceased last worked at this occupation (month and year) |
| INFADING INK—THIS pplied. AGE should be erms, so that it may be instructions on back of or | 12. BIRTHPLACE (city or town) |
| AD] | (State or country) |
| UNFA upplied terms, e instru | 13. NAME |
| H U sur ain to See | 14. BIRTHPLACE (city or town)(State or country) |
| | ~ // |
| w refu | H -1/1 |
| INLY, WI be careful EATH in I important. | State or country |
| | 17. INFORMANT Carral |
| PLA hould JF D very | (Address) |
| On short SEC | 18 BURIAL CREMATION, OR REMOVAL |
| WRIT lation AUSE TON i | o figural fully |
| ma CA TI | 19. UNDERTAKER |
| | (Address) |

| 1. PLACE OF PEATH County Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and numb Length of residence in city or town where death occurred. (a) Residence: No. (b) No. (If death occurred in a horpital or institution, give its NAME instead of street and numb Mos. (b) How long in U.S. if of foreign birth? (a) Residence: No. (b) Ward. (c) Ward. (d) Ward. (d) Ward. (d) Ward. (e) Ward. (e) Ward. (f) Ward. (f) Ward. (he was a war war war war war war war war war w |)1) |
|---|-------------|
| Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and numb Length of residence in city or town where death occurred. The most of the long in U.S. if of foreign birth? The most of the long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | |
| Village or City No. (If death occurred in a horpital or institution, give its NAME instead of street and numb Length of residence in city or town where death occurred. The most of the street and numb Length of residence in city or town where death occurred. The most of the street and numb The most of the street and numb The street and | |
| Length of residence in city or town where death occurred | Ward |
| 2. FULL NAME Jayane A. Niver. (a) Residence: No. Jave Med. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | |
| (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | |
| (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | |
| | e |
| | |
| Flewale white Married (Month) (Day) | 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carroll 6. Wiver 22. HEREBY CERTIFY, That I attended decent | ased from |
| 6. DATE OF BIRTH (month, day, and year) Moul 23 /1906 I last saw h alive on 19 : det | ath Is said |
| 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1/9 m. | |
| 27 8 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | te ol onset |
| 8 Trade profession or particular | te olonset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) | |
| O 10. Date deceased last worked at this occupation (month and spent in this occupation occupation occupation | |
| 12. BIRTHPLACE (city or town) — That d | |
| (State or country) | |
| 13. NAME N. Thopkins | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Date of What test confirmed diagnosis? Was there an entropy | ead. |
| | sy:7 |
| 15. MAIDEN NAME (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME (city or town) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury | 19 3 3 |
| Where did injury occur? Wash, muleward Stella | will |
| (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) | |
| 18 BORIAL CREMATION, OR REMOVAL, A A Manner of injury alestonable accedent | |
| O Y Play faith andre July 20, 1933 Nature of injury scales above | |
| 19. UNDERTAKER 2000 19. UNDERTAKER 24. Was disease or Injury In any way related to occupation of deceased? 24. Was disease or Injury In any way related to occupation of deceased? 24. Was disease or Injury In any way related to occupation of deceased? 24. Was disease or Injury In any way related to occupation of deceased? | 2 . |
| 20. FILED July 21, 1933 John D Junty (Signed) Hollier (Coronas Pay | M. D. |
| Registrar. (Address) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | (1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 wcek ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cercbral hemorrhage | July5,1927 | Peritonitis | 3 days ago | |
| EURFAU | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinuer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | 70.1 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 4 | | | |

| ADDITIONAL SPACE FOR FURTHER STATE | LEW ENTS BY CHARLES AND | |
|------------------------------------|-------------------------|--|
| | AUG 8 1933 | |
| * | BUREAU V. S. | |

| | STATE OF | MARYLAND-CERTIFICATE | OF | DEATH |
|--|----------|----------------------|----|-------|
|--|----------|----------------------|----|-------|

07338

| 1. PLACE OF DEATH | (89) |
|---|--|
| County Anne Teorge | Registration Dist. No. 2 X 6 |
| Village or City Met Manuel Mon resident Length of residence in city or townswhere death occurred. Wrs. mo. yrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs | No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) is. ds. How long in U.S. if of foreign birth? yrs. mos. ds |
| | 5.5 |
| (a) Residence: No. (Usual place of abode). | St. Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male White OR DIVORCED (write the word) 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| | , 19, to, 19 |
| 6. DATE OF BIRTH (month, day, and year) Now resident | I last saw h; death is sald |
| 7. AGE Years Months Days If LESS than I day,hrs | 1 100 I KINGII AL CAOSE OF DEVIII and lengted coases at till battaine |
| 8. Trade, profession, or particular | ecredental drawwing Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | en harthaulit Brough |
| 9. Industry or business in which work was done, as SILK MILL, | Chillian Dustrict ruce |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation | Harges Co net. |
| 12. BIRTHPLACE (city or town) Pashington DC | Other Contributory Causes of importance: |
| (State or country) | - Joyce |
| 13. NAME John M. Flynn 14. BIRTHPLACE (city or (19wn) | Touting Caravel |
| (State or country) Tash WC | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Was there are autopsy? |
| 15. MAIDEN NAME Frances + Lynn | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Frances + Lynn 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? needlul Date of injury, 19 |
| (State or country) Trash; DC | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANTOLING 1. Stanlow. Mach WC (Address) 141 - H St n & Hach WC | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Place July 18, 19.33 | Manner of injury |
| 19. UNDERTAKER H. Jacobs Sous | 24. Was disease or injury in any way related to occupation of deceased? |
| 20, FILED 4 68 183 / Suz hate MIN | If se, specify (Signed) M. D |
| Registrar | (Address) |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | P. II. | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI | TS BY PHYSICIAN |
|--|-----------------|
|--|-----------------|

V. S. No. 1

BINDING

RESERVED

MARGIN

(Address) _____

Registre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - Property | Example II | |
|--|---------------|--|----------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Corebral hemorrhage | July 5,1927 | Peritonitis | 3 वेलगुड सत्तृ |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ż

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 07341 |
|----------|-------------------------------|-------|
|----------|-------------------------------|-------|

| 1. PLACE OF DEATH | |
|--|--|
| County PV. See's | Registration Dist. No. 240 |
| Village or City 1 40. Md | No. St., Ward |
| | (If death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds. |
| Length of residence in city or town where deeth occurredyrs. | has a |
| 2. FULL NAME Jufaul | 2000 |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULA | RS MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write) | the word) 21. DATE OF DEATH (Year) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of | 19 to 19 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h elive on ,19 ; death is said |
| 7. AGE Years Months Days If I | ESS than to have occurred on the date steted above, at |
| | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: |
| 8. Trade, profession, or particular | Oate of onset |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc | 11:00 |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (year | The bow. |
| SAW MILL, BANK, etc | (c) A. |
| O Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation) | " nemaline |
| 4. | Other Centributery Causes of importance: |
| 12, BIRTHPLACE (city or town) (State or country) | |
| | |
| E | News of acception |
| 4 14. BIRTHPLACE (city or town) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| The state of the s | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| E | Accident, suicide, or homicide? Date of injury, 19 |
| O 16. BIRTHPLACE (city or town) | Where did injury occur? |
| 17. INFORMANT Liney Thenson. (Address) 7.3 chands wine | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Grown HR Date July Z | 7 19.33 Nature of Injury |
| 19. UNDERTAKER Emand Street | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED July \$7, 1933. Mrs. J. A. | (Signed) Mrsy & Smith acting D. Begistrar. (Address Dearids wines Registrar. |
| If more blanks are needed, address Si | tate Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | Ī |
|------------|-------|-----|---------|------------|----|-----------|---|
|------------|-------|-----|---------|------------|----|-----------|---|

V. S. No. 1 m of OCCUPA.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | |
| County James Sporge | Registration Dist. No. 231 |
| Village or City Garhad | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds. |
| 2. FULL NAME (Intluer Lee andrew Ho | nney |
| (a) Residence: No. 3205 Varama ave A | OCst. The M/Ward |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word) | 21. DATE OF DEATH |
| male Colored married | (Monte) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| Just Harvey | , 19, to, 19, to, 19 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date steted above, at 12-30. Im. |
| 25 7 26 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance wase as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, | By Lewy Milled The |
| kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Shiffing Good SAWYER, etc. Shiffing Good SAWYER | Withur dele acci deux |
| work was done, as SILK MILL, Meditrese | on before he global at |
| 10. Date deceased last worked at 11. Total time (years) | Courty Maryland |
| this occupation (month and spant in this occupation occupation | |
| 12. BIRTHPLACE (city or town) | The Contributer of importance: Kell |
| (State or country) | and other internal myures |
| 13. NAME Charles Harvey | |
| 13. NAME Charles Harvey 14. BIRTHPLACE (city or town) Va (State or country) | Name of operation |
| (otate of county) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Maria Barnes 16. BIRTHPLACE (city or town) Va | 23. If death was due to external causes (YIOL ENCE) fill in also the following: |
| 6. BIRTHPLACE (city or town) 20 | Accident, suicide, or homicide? Western Date of injury, 19 |
| ≥ (State or country) | Where did injury occur? One Our Mary Saud (Specify city or town, county of State) |
| 17. INFORMANT Charles Havefane 10 C 18.1 | Specify whether Injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE. |
| 18 BURIAL, GREMATION, OR REMOVAL | Manner of injury |
| Place Place Place July 3 193 | Nature of injury |
| 19. UNDERTAKER THEN L. Phinos Corc | 24. Was disease or injury In any wey related to occupation of deceased? |
| (Address 90/- 3 St S. 10 Oph DC | If so specify |
| 20. FILED July 5, 1933 Holey Stack | (Signed) & Oris Queedling . Terrory. |
| Registrar. | (Address) Launam, Ma |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones - | May 1,1923 | | 1 year |
| · · · · · · · · · · · · · · · · · · · | | | |

Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIAMS should state GAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. I RECORT PERMA BINDING V 2 WITH UNFADING INK---THIS FOR R MARGIN RESERVED 1 τ/2 Pig Cite

| PLACE OF DEATH County P. Levrge Village or City Herri Dule (No. 2 FULL NAME Melson & Hear | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 242 St; Ward) If death occurred in a hospital or institution, give its NAME included of street and sumber.) |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male White Single, MARKING. WINGLE OR DIVODCED (Write the word) | 16 DATE OF DEATH (Month) (Day) , 192 |
| 6 DATE OF BIRTH Sept 28 (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 16 LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF Country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE | that I last saw h alive on 192 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and that death occurred on the date stated above, at 182 and 184 and 18 |
| OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death yrs mos da. In the State, yrs mos da. Where was disease contracted, if not at place of death? |
| (Informant) (Address) Caller Sale Mullis Filed Willis 1983 Paramoust me Registrar (Address State Registrar | 19 I LACE OF BURIAL OR REMOVAL DATE OF BURIAL Orlington 90 July 19., 19.33 20 ENDERTHER LANDYSS J. Jacks Jone Physikeville |

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If refired from gaged in domestic service for wage : as Sorvant, Cook, definite salary), may be entered as Horsawie, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman." "Manuger," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health business, that fact may be indicated thu : Farmer (reor given up on account of the pisman cansiva brain, Housemaid, etc. If the occupation has been changed to report specifically the occupations of per on enployed, as At school or At home. Care should be taken household only (not paid Housekee, o's who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborershould be used only when needed. cases, especially in industrial employment, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Furmer or Pluntar, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). For persons who have no occupation (a) Foreman. (b) Automobile factory. fulness of various pursuits can be known. Statement of Occupation Precise statement of oc For many occupations a single word or OĮ, At Home, and children, not without more precise specification as Day -Caal mine, etc. Wom-As chariles: (a) quinfully em-The material The ques-Crocery; term on

EASE CAUSING DEATH (the primary affection is respect to time and causation), using alway, the case accepted term for the same disease. Examples: (The correspinal fever (the only definite synonym is "Epidemic correspinal meningitis"); Diphtheria (avid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Poison ed by carbolic acid-probably suicide. Dard D.I.M. train Examples: "Purperal septicaemia." "Puere all peritonitis," diseases resulting from childbirth or miscarriage as condition, such as "Asthenia," "Anaemla" (merely ary), 10 ds. Never report more symptoms or terminal Nom-inclature of the American Medical Association.) as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marusmus," "Old Age," "Shock," synit mutte), "Atrophy." "Collapse," causing State cause for which surgical operation was under-"Uracmia." "Weeknese," etc., when a definite discase "Drober. "Exheusticu." "Heart vultious." stated unle's important. Chronic interstitial nephritis, etc. The contributory nges peritonaeum, etc., Carcinoma. Sarcoma, etc., of inqualified, is indefinite); Tulerculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of the hijury, as fracture of skull, and conse--- criteit; Revolver wound .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY (c. g., sepsie, tetunus) may be stated under the death), 29 "contributory." cause of death approved by "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway for malignant neoplasms); ds.; Bronchopneumonia (Recommendations on state-Example: Meastes failure." "Haemorof head-homicide; "Coma," Committee on (second-(disease

If this certificate is looked over thoroughly and all questions asswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently file.

V. S. No. 1 8

should state

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 073 | 4: |
|--|---|------|
| 1. PLACE OF DEATH County ruce Levrge | Registration Dist. No. 230 | |
| Village or City Gerwyw (IF | | /ard |
| 2. FULL NAME Theodore H. Stod | gson | |
| (a) Residence; No. Gerwyn (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Condourse of the word) | 21. DATE OF DEATH Suly 8th, 193 3 (Month) (Day) (Year | .) |
| 5a. If married, widowed, or divorced HUSBANO of (or) WHIE of Vennealla Hodgoon | 22. JI HEREBY CERTIFY, That I attended deceased fully 19 33 to July 8 st. 19 | from |
| 6. DATE OF BIRTH (month, day, end year) June 23. 1844 | 0 116 | said |
| 7. AGE Years Months Days If LESS than I day,hrs. | to have occurred on the dete stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | nset |
| 8. Trade, profession, or particular kind of work done, es SPINNER, Blacksmith | arterio selevoseo 1640 | + |
| kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | Chrone Endocordites 2 | |
| 10. Date deceased last worked at this occupation (month and 1903 11. Total time (years) spant in this occupation | | |
| 12. BIRTHPLACE (city or town) Winchester (State or country) | Other Coatribatory Casses of importance: | |
| | | |
| 13. NAME Cakent Vodg for I 14. BIRTHPLACE (city or town) Winches Low (State or country) | Name of operation | |
| 15. MAIDEN NAME Colongabet Messner 16. BIRTHPLACE (city or town) Windows to | 23. If death was due to external causes (VIOLENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) Called Constant Called Constan | Accident, suicide, or homicide? | |
| 17. INFORMANT Relies Hodgeon Royers (Address) Derwyn | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. | |
| 18. BURIAL, CREMATION OR REMOVAL Place TT. J. mcoh 9nd Date July 11. 19.33 | Manner of injury | |
| 19. UNDERTAKER F. Jasch's Sons | 24. Was disease or Injury in any way related to occupation of deceased? |) |
| 20. FILEO POLO TO-1933 John D. Smith | If so, specify (Signed) (Signed) | M. D |
| Registrar. | (Address) Lerwyn | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | | |
|--|---------------|--|---------------|--|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week.ago | | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | | |
| | | BURRATI | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | | |
| | | | ` | | | |
| | | | | | | |

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1.1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| The state of the s | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | | |
|--|---------------|--|---------------|--|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | | |
| | | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | | |
| | | | | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Prince George pluods Registration Dist. No. item Village or City Near Bettstille Ma (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred_____vrs____ How long in U.S. if of foreign birth? vrs. mos. ds. 2. FULL NAME 4 If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX DEATH 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Y. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months Oays If LESS than to have occurred on the date stated above, at. 1 day.____hrs. The PRINCIPAL CAUSE OF OEATH and related causes of Importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... plnods 10. Date deceased last worked at 11. Total time (years) this occupation (month and that occupation. 08 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) carefully MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 DEATH 16, BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should OF 18. BURIAL, CREMATION, OR REMOV Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? (Address) If so, specify Registrar.

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | |
|--|-------------------|--|---------------|--|--|
| The principal cause of death and related caus of importance were as follows: | Ses Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| | | | | | |
| | | es year age | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 1000 | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | * | | | |

BINDING

FOR

MARGIN RESERVED

| | STATE OF MARY |
|---|---|
| County Prince Levigis | CERTIFICATE OF I |
| 0, | Registration Dist, No. |
| Village or City Chape / till (No. 2FULL NAME Stephen Edwar | d authory Shorter or number |
| PERSONAL AND STATISTICAL PARTICUL | |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day) |
| 6 DATE OF BIRTH Aug 13 (Month) (Day) | 17 I HEREBY CERTIFY, That I attended the |
| | If LESS than and that death occurred on the date stated above, at day hrs. The CAUSE OF DEATH * was as follows: |
| particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Primer Leg. Co. Ma | Contributory Parlistenal Dryal |
| | Secondary (Duration) Justama |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | (Signed) Author 1. Melon |
| of FATHER Stephen E. a. Shorte | (Signed) |
| FATHER Stephens E. A. Shorte II BIRTHPLACE OF FATHER (State or country) Pa Lion Co. Ind. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER | (Signed) |

TE OF MARYLAND

FICATE OF DEATH

d) (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) FICATE OF DEATH That I attended the deceased from date stated above, at follows: sing Death, or, in deaths from eans of Injury and (2) Whether For Hospitals, Institutions, Trans-In the State.....yrs....mes..

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only into paid Housekeepers who receive a definite salary), may be entered as Housewife, House sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation-Precise statement of octired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook ployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed to report worked on may form part of the second statement Foreman, applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully em-Farm Jaborer, Laborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Salcsmon, without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material (b) The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage "PUERPERAL septicucmia," "PUERPERAL perstonities," can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthonia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonoeum, etc., Corcinoma, Sorcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. valvulor The contributory Always qualify all heort discase Measles ; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

RECEIV

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 0734 | 8 |
|---|---|--------|
| 1. PLACE OF PEATH County Prince Year Old | 82-0 | |
| Village or City East Riverdale, M.d. | Registration Dist. No. 245 | War |
| (It c | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| Length of residence in city or town where death occurredyrs,mos. | How long in U.S. If of foreign birth?yrsmos | ds |
| 2. FULL NAME dydig vy. planes | ? | |
| (a) Residence: No. (Udal place of abode) | St., Ward, If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| SEX 4. COLOR OR RACE OR DIVORCED (ruring the word) SEX 4. COLOR OR RACE OR DIVORCED (ruring the word) | 21. DATE OF DEATH (Month) 2 (Day) , 193 3 (Yea | |
| HUSBAND of Or WIFE of Morgau M. Much | 22. I HEREBY CERTIFY, That I ettended deceased | from |
| DATE OF BIRTH (month, dey, end year) Wasel 8, 1870 | I lest saw h alive on alive on 1933 ; death I | ls sal |
| AGE Years Months Days If LESS than | to have occurred on the date steted above, at 2 Pm. | |
| 63 4 16 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: | Lonse |
| 8. Trede, profession, or particular kind of work done, as SPINNER, | apoplered jul | 4 |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this preparation (media and and and and and and and and and an | 2.4/ | 14 |
| work was done, es SILK MILL, SAW MILL, BANK, etc | | |
| 10. Date deceased last worked at this occupation (mg/h and yeer) | | |
| 2. BIRTHPLACE (city or town) Rockingham, Co. Va. (State or country) | Other Contributory Causes of Innortance: How b my pushed to | - |
| 13. NAME Glevey S. Rusdes | | |
| 14. BIRTHPLACE (city or town) Un fining | Name of operation Date of | |
| (State of country) | What test confirmed diagnosis? Was there an autops | 1) |
| 15. MAIDEN NAME Wellah Baky | 23. If death was due to external causes (VIOLENCE) fill in elso the following: | |
| 15. MAIDEN NAME Wellal Baky 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? | |
| (State or country) + 1 horizon | Where did injury occur? (Specify city or town, county and State) | |
| 7. INFORMANT | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) Earl Halls Vively, Va. | Manage of Inform | |
| Place Maynestors Va Date July 23/ 1933 | Manner of injury | |
| 9. UNDERTAKER of Gaselis Sous (Address) | 24. Was disease or injury in eny way related to occupation of deceased ************************************ | |
| (Additions) | ii se, specily | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | | | |
|--|---------------|--|---------------|--|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | | |
| Chronic interstitial nephritis | 1921 | Rul over by stress sol | 1 week ago | | | |
| Cerebral hemorrhage | July 5, 1927 | Perionitis A O V 22 O St. | 3 days ago | | | |
| | | 6 DAY | | | | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: | 1 year | | | |
| | | | | | | |
| | | | 1 | | | |

PHYSICIANS should Exact statement of OCC ORD. Every item of stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of carefully supplied. TION is very important. B. WRITE PLAINLY, mation should be

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 920 0/331 |
| County Prince Leone | Registration Dist. No. 245 |
| WITHIN CORP. A CLIMITS OF . O | No St. Ward |
| Village or City Hypertabelle Wary Could (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Charles Edward Mc | alliately |
| (a) Residence: No. 42 William Bue. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATHA |
| male white widowed | (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBANO of late Mary Elizabeth McCellist (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from 1974, to July 9, 19, 19, 3 |
| 6. DATE OF BIRTH (month, day, and year) Telegrape 9 1865 | I left saw h; death is said |
| 7. AGE Years Months Days It LESS than | to have occurred on the date stated above, at Um. |
| 68 66 4 4 26 or min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER Bookset Luncher | 4,0.4. |
| kind of work done, as SPINNER Books which work was done, as SILK MILL Court Presulting (officer) 9 Industry or business in which work was done, as SILK MILL Court Presulting (officer) SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this scenarion (month and spent in this second in the second in the second in this second in the sec | at managed day |
| work was done, as SILK MILL Good Printing Office | inonie 10 ti |
| 3 10. Date deceased last worked at 11. Total time (years) | Unation: Two years. |
| this occupation (month and yoar) - 1932 spant in this occupation 30 | and the second s |
| 12. BIRTHPLACE (city or town) | Other Contributory Canses of importance: |
| (State or country) | |
| 13. NAME Charles Edward McGllister | |
| 13. NAME Charles Edward McClister) 14. BIRTHPLACE (city or town) Eugland | Name of operation |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy. |
| 15. MAIOEN NAME Social Working Cummin | 23. If death was due to external causes (VIOL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| E (State or country) Wassaclessel. | Where did injury occur?(S |
| 17. INFORMANT Little Mcallister Brown (Address) 42 1 1:10 Com Herethiele md | (Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Ft. Lincoln Constant July 8 , 1933 | - Nature of injury_ |
| 19 HNOERTAKER 4 Saschio Sona | 24. Was disease or injury in any way related to condation of deceased? |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | Tuly5,1927 | Peritonitis | 3 days ago | | |
| UARS. | 08/ | | | | |
| Other contributory causes of importance: | 1 20 | Other contributory causes of importance: | | | |
| Gallstones | May 1-1923 | Gastroenteritis | 1 year | | |
| TA A THE | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|----------------|------------|----|-----------|
|------------|-------|-----|----------------|------------|----|-----------|

| P= / | Correcti | on of | age of | deceased | and na | iden n | ane of | mother | of dece | ased author | rized |
|-------------|----------|--------|---------|----------|----------|--------|---------|----------|---------|-------------|-------|
| 30 40 | august 7 | , 1933 | , by le | tter fil | ed unde: | r J. A | . Down: | ing. Con | oner. | | |
| om In grice | | | | | | | | | | | |

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA. IS A PERMANENT RECORD. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. TH UNFADING INK-THIS AGE should be mation should be carefully supplied. -WRITE PLAINLY.

ż

| 1. PLACE OF DEATH | MARTEARD | S SERVINICATE OF BEATH 07343 |
|---|---|--|
| county Prince Cu | mues) | Registration Dist. No. 235 |
| Village or City Carbuil | Neights (11 | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deat | | |
| 2. FULL NAME Still | tarn M | - Llonald |
| (a) Residence: No. Casb | ital Heigh | St. Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICA | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Yaar) |
| 5a. If married, widowed, or divorced HUSBAND of | | |
| (or) WIFE of | | 1 HEREBY CERTIFY, That I attanded deceased from |
| 6. DATE OF BIRTH (month, day, and year | ly 17, 1933 | Vast saw h aliva on |
| 7. AGE Years Months | Days If LESS than I day, | to have occurred on the data stated above, at |
| | O ormin. | wera as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 5 | Stillians |
| Industry or business in which | | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| Data deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) (State or country) | tal Heights | Other Contributory Causes of Importance: |
| II 13. NAME | Me I Conald | |
| 14. BIRTHPLACE (city or town) | | Namo of operation Date of |
| (State or country) | net Alolumbi | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Ruse | mick | 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Russell 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? Date of injury, 19 |
| ∑ (State or country) | l | Whera did injury occur? |
| 17. INFORMANT CASE M | Lecht. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 7/5 | Manner of injury |
| Place Co. Cilmas Horas | Date 193- 1933 | Nature of injury |
| 19. UNDERTAKER RUCCLIC | Bros | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED 7/17 , 1933 Tho | · D Guffelts | (Signed) (M.D. |
| | Registrar. | (Address) Tausardy My |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonițis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH (17351) |
|---|--|
| 1. PLACE OF DEATH | (23) |
| county muce georges | Registration Dist. No. 2 35 |
| Village or City 7 a lateralle | No. St Ward |
| length of residence in city or town whose death accurred | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. |
| | sgs. now long in U.S. if or foreign birth?yrsmosds. |
| 2. FULL NAME Muke Mufes | |
| (a) Residence: No. fare lall (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| mole white named | July 07, 1983 |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Yeer) |
| (or) WIFE of Julian man 0 1 | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year wike mount | Hest saw h slive on 19 death le sold |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, at 5 |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importence |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | The state of the s |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) | |
| SAW MILL, BANK, etc | 7 |
| this occupation (month and spant in this occupation occupation | |
| | Other Contributory Canses of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | Luberculoses |
| 13. NAME Stattedos Mides | |
| 13. NAME Statudos Mides 14. BIRTHPLACE (city or town) | Name of operation. |
| (State or country) Turkey. | |
| 15. MAIDEN NAME Nalingarded in Thefling | What test confirmed diagnosis? |
| 15. MAIDEN NAME Nalzugardedzie Thefhieso 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) Turkey, | Where did injury occur? |
| 17. INFORMANT OL. S. Naval Hospital | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Washing the Die, | |
| 18. BURIAL, CREMATION, OR REMOVALY Piace as langton leng Vapate 8/1 19 33 | Manner of injury |
| Piace Creating Con Carry Va Date // 1908 | Nature of injury |
| 19. UNDERTAKER PUCTURE 1200 | 24. Was disease or Injury In any way related to occupation of deceased? |
| (Address), le delia that | If so, specify Tras D Juffelt (Calcow) |
| 20. FILED /3 1 1933 Thos D Juffello | (Signed) and M.D. |
| Registrar. | Address) forcelates by |
| 1) more vianks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonilis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be V. S. No. 1

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (13) |
| county runee Jeongs | Registration Dist. No. 3-31 |
| Village or City Columbia Park | No. St., Wa (If death poccurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred Mon - residence | os. ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME Benjamin Mo | ngan |
| (a) Residence: No. 18060 - 6 anst., M. W. | Va St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) | 21. DATE OF DEATH |
| 11. C Single | (Minth) (Day) (Yaar) |
| a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased fr |
| lintimoren 12 2 | , 19, to, 19, 19 |
| DATE OF BIRTH (month, day, and year) 1903 | I last saw h; death is s |
| AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| 30 1 day,hrs | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of on |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, | |
| SAWYER, BOOKKEEPER, atc. Jan Car achiever | - Gunspot wound of |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | 1 Mag |
| 10. Date deceased last worked at this occupation (month and spant in this | |
| year) occupation | Other Contributory Canses of Importance; |
| 12. BIRTHPLACE (city or town) S. Carolina | Other Controller Controller of Importance. |
| (State or country) | - Intercramal hemorrhage |
| 13. NAME James Morgan | |
| 14. BIRTHPLACE (city or town) | Name of operation Data of |
| (Color of Colors) | What tast confirmed diagnosis? Will was there an autopsy? |
| 15. MAIDEN NAME Jolling 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16, BIRTHPLACE (city or town) | Accident, suicide, or homicide? Asserts Date of Injury July 21., 192 |
| (State or country) Don'th Carolina | Where did injury occur? (Specify city or town, county and State) |
| (7. INFORMANT Mary Divigaringer (Address) 2211-3nd JT NOE Wash De | Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner ol injury |
| Place Bladensling md Date July 27, 1933 | Nature of Injury |
| 19. UNDERTAKER + Gaselis Gous | 24. Was disease of injury in any way related to postfiction deceased? |
| (Address) Bladensling md | 11 se, specify |
| 20. FILED July 27, 1933 Pocal Registrar. | (Signed) Thun Vialound M |
| If more blanks are needed, address State Registra | ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 7.72 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07352

| 1. PLACE OF DEATH | | 93-0 |
|---|---|---|
| county Prince Georg | | Registration Dist. No. 236 |
| Village or City COllege F Length of residence in city or town where de | | No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Robert | H. Morris | |
| | Wyn Md. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTIC | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE White | or divorced (write the word | 21. DATE OF DEATH /2 ,193 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Morr | is | 22. 1 HEREBY CERTIFY, That I attended deceased from 7/12 1933, to 7/12 1933 |
| 6. DATE OF BIRTH (month, day, and year) Fab | . 16. 1875. | I last saw h aliva on, 19; death is said |
| 7. AGE Years Months 58 4 | Days If LESS tha | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, Farr SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | 11. Total time (years) spant in this occupation | Other Contributory Causes of importance: |
| 13. NAME John J. Morri | S | |
| 13. NAME John J. Morri 14. BIRTHPLACE (city or town) - Virgi (State or country) | nia | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME SUSAN WITE 16. BIRTHPLACE (city or town) Virging (State or country) 17. INFORMANT Alice Morri (Address) Berwyn | nis | 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL PlaceFort Lincoln | Date July 14/19 | Manner of injury Nature of injury |
| 19. UNDERTAKER F. Gasch's S (Address) Hyettsyill 20. FILED July-/3-, 19.3.3 | ons Maryland James | 24. Was diseasa or injury in any way ralated to occupation of deceased? If so, specify (Signed) M. D. (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registrang U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| BUICEAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1 N. B. of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 07353 |
|---|---|
| 1. PLACE OF DEATH | (J31) |
| County Truck yes. | Registration Dist. No. 239 |
| Village or City Jean Raurel | No. St., Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME / electer | |
| (a) Residence: No. Mean Langs (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SEX 4. COLOR OR RACE Veryale white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH /(Month) (Day) (Year) |
| 5a. If married, widowed or divorced HUSBAND of (or) WIFE of School Okeefe | 22. 1/HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Nee 16 Th 1854 | I last saw h.2. alive on 7/1, 1933; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, etm. |
| 79 5 25 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | Plan. arterioselinoses 1820 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Chr. nextrition 1925. |
| Industry or business in which work was done, as SILK MILL, | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased last worked at this occupation (month and | Cerebral softming 4/1/33 |
| this occupation (month and spent in this occupation occupation | |
| | Other Cantributery Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | Mutt gandial |
| | 2/1/33 |
| H | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| | What test confirmed diagnosis? Wes there en autopsy? A |
| I god o | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (Stete or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT Ennyla Ely Carry | Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Sauref Myg. 18. BURIAL, CREMATION, OR REMOVAL | Manage of Indian |
| Horne Burial Grounds Lavered July 3/3: | Manner of Injury |
| 19. UNDERTAKER AND Saise | 24. Wes disease or injury in any way related to occupation of deceased? |
| 20. FILED July 1933 m Brasheare | (Signed) 1.3. A D. M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

OCCUPA-

plnous

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CAUSE LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| ETHRATI V & | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| SIAIL O | F MARYLAND— | CERTIFICATE OF DEATH | 07355 |
|---|--|--|--------------------|
| | el. | (82-0°) | 36 |
| County Vince | Leryon | Registration Dist. No. | J 6 |
| Village or City Mula | hellotte | No. St., f death occurred in a hospital or institution, give its NAME instead of street an | Ward |
| Length of residence in city or town where de | ath occurred 6 yrs, mos | ds. How long in U.S. if of foreign birth?yrs | mosds |
| 2. FULL NAME Colu | Quena | | |
| (a) Residence: No. | | St. Ward. | |
| | (Usual place of abode) | If nonresident give city or town a | |
| PERSONAL AND STATISTIC | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE Temple Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | , 193 |
| 5a. If married, widowed, or divorced HUSBAND of | | | |
| (or) WIFE of Murray | Onen - | 22. I HEREBY CERTIFY, That I attended | |
| K | +1 | 1933, 19 July | 19.33 |
| 6. DATE OF BIRTH (month, day, and year) | of Run | 1/ 170 | -≟_; death Is said |
| 7. AGE Years Months | Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at /m. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 6 | ormin. | were as follows: | Date of enset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 6 1 | | |
| SAWYER, BOOKKEEPER, etc. | vuser fr | Cerebrut Hemontoge | 1/1/3 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Home | | |
| 10. Data deceased last worked at this occupation (month and | 11. Total tima (years) spent in this | | |
| yaar) | occupation | | |
| 12. BIRTHPLACE (city or town) | | Other Contributory Causes of Importance: | 6/1/2 |
| (Stata or country) | flower | The state of the s | |
| W 13. NAME Robert | Robin | | |
| 13. NAME 14. BIRTHPLACE (city or town) | 0 | Name of operation Date of | |
| (State or country) | war. | What test confirmed diagnosis? Was there a | |
| IS. MAIDEN NAME TOURS | net china | 23. If death was due to extarnal causes (VIOLENCE) fill in also the follow | |
| 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? Date of injury | |
| O 16. BIRTHPLACE (city or town) (Stata or country) | ryland | Where did injury occur? | |
| - alaman R | 1: 00 | (Specify city or town, county and S Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC | tate) |
| 17. INFORMANT Clarence Con (Address) Wileliel | Missione Il | * | TLAUE. |
| 18. BURIAL, CREMATION, OR REMOVAL | a in the same | Manner of injury | |
| Placefife for Marebons. | Date July 12, 19 3 3 | | |
| in white Classical Free | | 24. Was disease or injury In any way related to occupation of deceased? | no |
| 19. UNDERTAKER CAUSSEL TOLS (Address) | acu | If so, specify | |
| 120 = 3 11. | 21 1 | (Signed) Herry & Then | M F |
| A 1 | ra st. flact. Registrar. | (Address) Bowie M. | |
| If more bl | lanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis | 1 week ago 1 week ago 3 days ago |
|---|---|
| Run over by street car | 1 wcek ago |
| · · · · · · · · · · · · · · · · · · · | - " |
| Peritonitis | 3 days ago |
| | |
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |
| - | Other contributory causes of importance: Gastroenteritis |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS | ICI | A | N |
|---|-----|---|---|
|---|-----|---|---|

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo should Registration item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred How long in U.S. it of foreign birth? statement RECORD. (a) Residence: No. If nonresident give city or town and State Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) (Month) (Oay) (Year) BINDING classified 5a. If married, widowed: for divorced HUSBANO of 22. CERTIFY. That I attended deceased from (or) WIFE of : death is said 6. DATE OF BIRTH (month, day, end year) / properly 7. AGE Months If LESS than Days to have occurred on the date stated above, at I day, ___ hrs. The PRINCIPAL CAUSE OF DEATH and related datuses of importance or min. were as follows Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER OCCUPATION MARGIN RESERVED be J0 SAWYER, BOOKKEEPER, etc ... may back 9. Undustry or business In which pluods work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Oato deceased last worked at 11. Total time (years) this occupation (month and spent in this that year) ____ occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or to ain (State or country) Was there en autopsy? __ carefully What test confirmed diagnosis? in pl HER 15. MAIOEN MAME important 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (State or country Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN plnods OF (Address 18. BURIAL, OREMATION. Manner of injury CAUSE mation Nature of injury NOL 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify 9 (Signed) (Address) _____ Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | Example II | | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. B. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| A. | STATE OF MARYLAND— | CERTIFICATE OF DEATH 07357 |
|---|--|--|
| state UPA | 1. PLACE OF DEATH | (86) |
| of uld CC | County IV DO GraE | Registration Dist. No. 233 |
| should | Village or City (1) as Lor) | NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| RD. Every is YSICIANS statement | | ds. How long in U.S. if of foreign birth? |
| James Committee | (a) Residence: No(Usual place of abode) | St., Ward. If nonresident give city or town and State |
| RECORI PHY: Exact st | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| EX . | Female 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH (Month) (Day) (Yaar) |
| AN A C ssifi | 5a. If married, widowed, or divorced HU3BAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| IS A PERM stated EX properly cla certificate. | 6. DATE OF BIRTH (month, day, and year) Abril 25, 1933 7. AGE Years Months Days If LESS than 1 day, hrs. | I last saw h aliva on, 19, 19; death Is said to have occurred on the date stated above, at, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| HIS be be | 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. MONUMENT OF SAWYER, BOOKKEEPER, etc. | Consoulsions, Cause Linksnown 200 |
| INK E sh t it on | 10. Date deceased last worked at this occupation (month and spent in this | Other Contributory Causes of Importance: |
| ed. Ablived. S. Se truction | 12. BIRTHPLACE (city or town) (State or country) State or country) W 13. NAME Wells | |
| H UNF suppli in term See inst | 14. BIRTHPLACE (city or town) | Name of operation Date of |
| | (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| AINLY, Wd be carefu DEATH in | 15. MAIDEN NAME (12). Punkney 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| (1) (N) (N) | 18. BURIAL, CREMATION, OR REMOVAL Place Brooks Churches July 11, 1933 | Manner of injury |
| N. B.—WRIT mation CAUSE TION is | 19. UNDERTAKER Seo 798 Chinksney (Address) Daylor ond 20. FILED July 1/, 1933 5 Mest W. Barne | 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed Fruest W. Barner M. p. |
| | Registrar. If more blanks are needed, address State Registrar, | (Address) dreal (Registra) 1000 mg. 2011 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li li | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Alife A love | 1 | | |
| Other contributory causes of importance: | 2. | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| infor- state UPA- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 07358 | | |
|---|---|--|--|--|
| | 1. PLACE OF DEATH County Prince Leoyes | Registration Dist. No. 236 | | |
| she | Village or City Mitchellville | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) | | |
| NS ent | Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign birth?yrsmosds. | | |
| ND. Every | 2. FULL NAME Margarel Robins | | | |
| panel 1 | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | | |
| RECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| T Y | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Widoward | 21. DATE OF DEATH (Month) (Day) (Year) | | |
| X A C T L classified. | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Robinson | 22. I HEREBY CERTIFY. That I attended deceased from 26. 19.33 to July 19.35 | | |
| | 6. DATE OF BIRTH (month, day, and year) 18-5,3? | I last saw h. e. alive on | | |
| 0 = | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 15. H.m. | | |
| IS A I stated properl | 80 - I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | | |
| HIS be be of | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Senility Date of oneet | | |
| NK—T should it may n back | work was done, as SILK MILL, SAW MILL, BANK, etc. | | | |
| INF Sh t it | 10. Date deceased last worked at this occupation (month and year) | fresture, not the cause of death of | | |
| Socti | 12. BIRTHPLACE (city or town) (State or country) Nanylund | Other Contributory Causes of Importance: Confined 3 Led In Cast 8 years | | |
| UNFA upplied terms, | # 13. NAME 7 turn chane | Aue a owner hip. | | |
| sup sup in te | 14. BIRTHPLACE (city or town) (State or country) Maryland | Name of operation no operation. Date of | | |
| | IS. MAIDEN NAME Liza Springs | What test confirmed diagnosis? Was there an autopsy??? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident: Date of injury fit years 9 and Where did Injury occur? | | |
| Car CH FTH oorts | 15. MAIDEN NAME Liza Sprigs 16. BIRTHPLACE (city or town) (State or country) Manyland. | | | |
| ADDY | 17. INFORMANT Blanenel Robinson (Address) Mitchellville, mi | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. | | |
| | 18. BURIAL, CREMATION, DR/REMOVAL Place MACLIFOLD Date July 4, 1933 | Manner of injury | | |
| -WRITTE mation s CAUSE TION is | 19. UNDERTAKER CARONNEL Floregore (Address) Mitchell Conference | 24. Was disease or Injury in any way related to occupation of deceased? | | |
| E B | 20. FILED July 3 1933 Moral Peach | (Signed) Hony & Robinson | | |

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|----------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week aga |
| Chronic interstitial nephritis | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: | 1 year |
| Tettotureo | 111 try 1,1320 | West Aprilo 1110 | 1 year |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| HYSI- Exact | PLACE OF DEATH County Lince George's | STATE OF MARYLAND CERTIFICATE OF DEATH |
|------------------------------------|---|--|
| 4.0 | MIARIN SOUNDANT | Registration Dist. No. 276 |
| EXACTL ly classifi ficate. | Village or City Met Rainier (No. 3506 Pho 2FULL NAME Frances Sc | de Oeland Christ. Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.) |
| per | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| d be sta | Jemale white S SINGEE, MARRIED, WIDOWED. (Write the word) | 16 DATE OF DEATH July 8 , 1983 , 1983 (Year) |
| CE shoul hat it ma lons on b | 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw h enalive on fully 7 1983 |
| pplied A rms so ti instruct | 78 yrs mos. 15 ds. or min.? | and that death occured on the date stated above, at 12 Morne. The CAUSE OF DEATH * was as follows: |
| uily sui plain te nt. See | (a) Trade, profession or particular kind of work (b) General nature of industry | - a |
| ATH in I | business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Concurrati | Contributory of handlase to de. |
| JSE OF DE | 10 NAME OF FATHER Fram Beierlein 11 BIRTHPLACE OF FATHER (State or country) 12 (State or country) | (Signed) (Duration) mos. de. (Signed) M. D. (Signed) M. D. (State the Discase Causing Boatt In in dea the from Violent Causes, state (1) Means of Injury and (2) whether |
| nformatio state CAI | 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 | Violent Caus s, state (1) Means of Injury and (2) hether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs mos. ds. State yrs ds. |
| n of i | (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, if not at place of death? |
| ery Iten IANS sh atemen | (Informant) Bernardine Schatz | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Washington DC July 10, 1933. |
| I. BEv | 15 Filed for 9 1923 flour hally HV Kegistras | Frank Levels Sons Co 1113-7 St NU., 16 W. Saratoga St., Balto, Requesting V. S. No. 1. |
| - | if more blanks are needed, address State Registrar | 10 m. parareta pro parest Medicarring as at years |

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know eupation is very important, so that the relative health state occupation at beginning of illness. If retired from er," etc. without more precise specification as Day Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealeases, especially in industrial employments, it is neces-Civil engineer, Stationary foreman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enapplies to each and every person, irrespective of Foreman, For many occupations a single word or term on Farm laborer, Compositor, Architect, Locomotive For persons who have no occupation (b) (a) the kind of work and also (b) the Automobile Laborer-Salesman. factory. The material -Coal mine, etc. (b) engrneer Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup" Tobar. ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS "uphoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same accept-(the only definite syncnym is "Epidemic cerebropneumonia. Bronchopneumonia ("Pneumonia,

> us fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death telunus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. approved by carbolic acid-probably suicide. accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, tions, such as "Asthenia," "Anaemia" (merely symptom-(seeondary or intercurrent) Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcona, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Whooping use of "Tumor" for malignant neoplasms); (name origin; "Caneer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Committee on Chronic Example: Mcasles (disease ete. affection need not valirulur heart disease The nature of the injury, Nomenelature The contributory Always qualify all Measles

permanently filed. answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate in If this certificate is looked over thoroughly and all questions

In Edwin an 420

V. S. No. 1

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 07280 |
|--|---|---------------------------|
| 1. PLACE OF DEATH | (46) | 31000 |
| County Truce Jeorge | Registration Dist. No. 2 | +5 |
| Village or City Brentwood | NoSt., | Ward |
| | death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?yrsm | |
| 2. FULL NAME Colin Co. Sealouros | | |
| (a) Residence: No. 225 Wighland | St. Ward. | |
| (Usual place of abode) | If nonresident give city or town and | State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored Married | 21. DATE OF DEATH July 12 (Mogh) (Day) | , 193. 3 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | | ETE . |
| (or) WIFE of aunil Seaburn | Mas 18 1933 to 5 sulm 1973 | deceased from |
| 6. DATE OF BIRTII (month, day, and year) not Known | I last saw h Me alive on July 11th 1933 | ; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 7 304 m. | |
| 72 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows: | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, A A A A A A A A A A A A A A A A A A A | Q | - a |
| SAWYER, BOOKKEEPER, etc | Cancer of Stomack | Unknows |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| 10. Date deceased last worked at this occupation (month and spent in this | | |
| yaar) occupation | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) Charles County | Other Combutory Causes of Importance. | 2 mas 12d |
| (State or country) Md | | |
| 13. NAME UNIENOUN | | |
| 14. BIRTHPLACE (city or town) | Name of operation | - |
| (State or country) | : What test confirmed diagnosis? Was there an a | au'opsy? ho |
| 15. MAIDEN NAME LINESTED VILVE | 23. If death was dua to external causes (VIOLENCE) fill in also the following | _ |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of injury | , 19 |
| a in I (avid.) | Where did injury occur? (Specify city or lown, county and State | te) |
| 17. INFORMANT USUAL Staburus (Manus) (Address) Bruntwood md | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR DEMOVAL | Manner of injury | |
| Place Packington D. C. Data July 16, 1933 | Nature of injury | |
| 19. UNDERTAKER F. Gascles Same | 24. Was disease or injury in any way related to occupation of deceased? | no |
| (Address) Elyattiville md | If so, specify | |
| 20 FILEO Valy 15 19 33 Mrs. Jus Severe | (Signed) Canoll A. Brooks | М. D. |
| A Registrar. | (Address) (321 - lea of n. w. Nagle | in any Dol |

If more blanks are noded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.B. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gustroenteritis | 1 year |
| | | | |
| | | | 1 |

should state OCCUPA-HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH. (1911 1-PLACE OF DEATH (If death occurred in a hospital or institu-CITY OF BALTIMORE: (NO..... ST......WARD) tion, give its NAME instead of street and number.) RECORD (a) RESIDENCE NO (Usual place of abode) (If non-resident give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (month, day, and year) 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, 1933 or Divorced, (write the word) I HEREBY CERTIFY, That I attended deceased from 5a If married, widowed, or divorced HUSBAND OF that I last saw here alive on.... 6 DATE OF BIRTH (month, day, and year) Tel. and that death occurred, on the date stated above, at ______ Days If LESS than 7 AGE Years Months The CAUSE OF DEATH* was as follows: 1 dayhrs. or....min. 8 OCCUPATION OF DECEASED that instructions (a) Trade, profession or particular kind of work / flust yrs. mos. ds (duration) (b) General nature of industry, business, or establishment in supplied. CONTRIBUTORY ... DAGA which employed (or employer) (Secondary) (duration) yrs, mos. (c) Name of employer See 18 Where was disease contracted OF DEATH in plain if not at place of death? 9 BIRTHPLACE (city of town) carefully (State or country) Did an operation precede death? Date of important 10 NAME OF FATHER Was there an autopsy? What test confirmed diagnosis? RENTS 11 BIRTHPLACE OF FATHER (city or town) (State or country) (Signed) . should very 19 (Address) 12 MAIDEN NAME OF MOTHER *State the Disease Causing Death, or in deaths from Violent Causes, mation sl CAUSE (TION is state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) (State or country) 19 PLACE OF BURIAL, CREMATION OR RE-DATE OF BURIAL 14 Informant. (Address) ADDRESS 15 20 UNDERTAKER Registrar

[Approved by U. S. Census and American Public Health Asso.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, man, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesnature of the business or industry, and therefore an additional line is provided for the latter statee. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, irrespective of age. For many occupations a single may be indicated thus: Farmer (retired, 6 yrs.). ning of illness. If retired from business, that fact ployed, as At school or At home. Care should be work, or At home, and children, not gainfully emnite salary only (not paid Housekeepers who receive a defiwho are engaged in the duties of the household pecially industrial employments, it is necessary to know (a) the kind of work and also (b) the Stationary Fireman, etc. But in many cases, esword or term on the first line will be sufficient, The question applies to each and every person, healthfulness of various pursuits can be known. occupation is very important, so that the relative write None. For persons who have no occupation whatever has been changed or given up on account of the Servant, Cook, Housemaid, etc. If the occupation persons engaged in domestic service for wages, as taken to report specifically the occupations of Statement of Occupation .- Precise statement of) may be entered as Housewife, House

Statement of Gause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broneho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of......(name origin;

or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Concough, Chronic valvular heart disease; Chronic for malignant neoplasms); Measles; Whooping (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," ease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. interstitial nephritis, etc. "Cancer" is less definite; avoid use of "Tumor" drowning; Struck by railway train-accident; OF INJURY and qualify as ACCIDENTAL, SUICIDAL, tis," etc. State cause for which surgical operation as "Puerperal septicemia," "Puerperal peritoniondary or intercurrent) Association.) the injury, as fracture of skull, and consequences was undertaken. For violent deaths state means Example: Measles (disaffection need not be The contributory (sec-



| infor- state UPA. | | CERTIFICATE OF DEATH 177862 |
|--|--|---|
| | 1. PLACE OF DEATH | 1/9) 277 |
| tem_of should | County Jan es Les | Registration Dist. No. |
| shon of O | Village or City when made on ma | No. St., Wa |
| 20 | Length of residence in city or town whera death occurredyrsmos | If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos |
| Every CIANS | 2. FULL NAME William Henry oft | allings |
| | (a) Residence: No. Dunkun Cul. Co Ind | St., Ward. |
| _ = = - | (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State |
| RECO. PH. | 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH |
| 1 X 7 | or DIVORCED (write the word) | July 5 193-9 |
| DING LANE? A C T ssified | 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Year) |
| MA) | (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| BINDIN ERMANH EXACT y classifie | 6. DATE OF BIRTH (month, day, and year) June 25; 1932 | I last saw here aliva on July 5 1933 death is so |
| R 1 | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at. 6 .m. |
| FOR IS A I stated properly | / D 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| - 70 | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Date of one |
| | | Jelo-Calitia 25 |
| ERV K-T hould | 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this pecunation (month and | 193 |
| ESH INI E sl | spent in this | |
| RES NG I AGE that | Q / · · | Other Contributory Causes of Importance: |
| ADITO So. | (State or country) | |
| MARG. UNFA supplied | 13. NAME William Henry Stalling | |
| MARGIN UNFADI supplied. | 14. BIRTHPLACE (city or town) Quelice & Co | Name of operation Date of |
| MARG TH UNFA Illy supplied plain terms, | (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| A 4 1 | I 15. MAIDEN NAME / / avy ella lesiancy | 23. If death was dua to external causes (VIOL ENCE) fill in also the following: |
| | (State or country) | Accident, suicide, or homicide?, Date of injury, 19 |
| AINLY d be ca DEATH | IT INFORMANT Mary E. Ataga 's | Where did injury occur? (Specify city or town, county and State) |
| F PLA Should OF D | (Address) Dun hick add. Colyt | Specify whether injury accurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| [+] | | Menner of injury |
| | Place Vivia and I all a later and I all a la | Nature of injury |
| -WRI mation CAUS | 19. UNDERTAKER Allan Woller | 24. Was diseasa or injury in any way related to occupation of deceased? |
| A B | (Address) | If se, specify |
| s z | 20. FILED LLY 5, 19 Segistrar. | (Signed) M. (Address) Color of the Machinery for |
| | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |
| | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

| item of infor- | should state | of OCCUPA- | - |
|--|--|--|--|
| RECORD. Every | 7. PHYSICIANS | Exact statement | |
| B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| B.—W | mai | CA | TIC |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 900 |
| County Truce George | Registration Dist. No. 239 |
| Village or City Laure LITHIN CORPORATE (1 | MITSNOT St., Ward I death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 30 yrsmos | |
| 2. FULL NAME Carvilla G. Stewa | erh |
| (a) Residence: No. 420 Grunes George (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Suly (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Feb /3/869 | 1 last saw h_L2_ alive on 7/8/ 1933; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atAm. |
| 64 4 25 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | Myreargilis Date of onset |
| kind of work done, as SPINNER, Wouse - work SAWYER, BOOKKEEPER, etc. | Chr. Colitis 1920 |
| SAWYER, BOOKKEEPER, etc. 9. Andustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this corporation (month and this corporation). | |
| SAW MILL, BANK, etc | |
| this occupation (month and spant in this year) | |
| B. Pt | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Dalling ore (State or country) | Coronary January 6/20/3 |
| | |
| 13. NAME Charles Str. Stewart | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State of country) | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Elyabeth Vamill 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| [16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) Marytane | Where did injury occur? |
| 17. INFORMANT Shand St. Stewart (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Loudon bark Date July 10 , 19 | Nature of injury |
| 19. UNDERTAKER John Jr. Daving (Address) 715 Light St Balto Ind | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED celly 8 , 1933 M. Brasheare Registrar. | (Signed) Darry M. D. (Address) August W. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li li | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURRAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

should state

OCCUPA-

| 1. PLACE OF DEATH | 127.00 |
|---|--|
| County (h Seones , | Registration Dist. No. 240 |
| | ND. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) S. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Charles L Vaym | ner |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX A. COLOR OR RACE OR DIVORCED (white the word) Male 4. COLOR OR RACE OR DIVORCED (white the word) | 21. DATE OF DEATH Maly 18 193.3 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rasella Jayman | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) V6 - 1839 7. AGE Years Months Days If LESS than | I last saw h alive on Mly |
| 1 day,hrs. ormin. | |
| No Procession of Particular Spinners, SawYer, BobKKEFPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at bis occupantion (months and spent in this securation (months and spent in this spent in this securation (months and spent in this securation (months and spent in this spent in thi | Grancho Preumonia |
| year) occupation Q. 12. BIRTHPLACE (city or town) Galeway (State or country) | Other Contributory Causes of importance: |
| 14. BIRTHPLACE (city or town) | |
| 4 I4. BIRTHPLACE (city or town) (State or country) | Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Surah Kung 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. MAIDEN NAME August (Address) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, DR REMOVAL Place Lefafur Marlbry Date July 28,193 | Manner of Injury |
| 19. UNDERTAKER Stelling 4 Just . (Address) Liteline Myde, | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED July /8, 1933. Mrs. J. J. South | (Signed) W. M. [(Address) M. [|

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | il | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD MARGIN RESERVED FOR BINDING ITH UNFADING INK--THIS IS A PERMANI INLY WRITE F

V. S. No. 1

ż

| PLACE OF DEATH County Prince George | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 230 |
|--|---|
| Village or City akeland (No | St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word) 6 DATE OF BIRTH May 15 , 1914 | (Month) 7 (Day) 2 4 (Year) 23 17 I HEREBY CERTIFY, That lattended the deceased from 1933, to 1933, |
| 7 AGE 19 yrs. 2 mos. 9 ds. or min.? | |
| (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) | (Duration) yrs. mos ds. Contributory Secondary (Duration) A yrs. mos 3 ds. |
| 10 NAME OF FATHER Cudrew Homas 11 BIRTHPLACE OF FATHER (State or country) Maryland | (Signed) |
| 12 MAIDEN NAME OF MOTHER Cleck Helron 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs |
| (Informant) Lelle The BEST OF MY KNOWLEDGE (Address) Lelle The Market M | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UN DERTAKER 4. Jasely Sous Systemillome & |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (rc. or given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal me en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material duties of the 6 Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fewer (the only definite synonym is "Epidemic eerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and eonsequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train and qualify as ACCIDENTAL, SUICIDAL or HOMICIOAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular heart discase not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5, 1927 | Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1 m

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (3) |
| County Truce Georges | Registration Dist. No. |
| Village or City Burn | No. St., Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME James Thornton | ~ |
| (a) Residence: Ng. 15. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thornton | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) not known | I last tay hair live on July 0 1937; death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. | to have occurred on the date stated above, at |
| 2 Trade profession or restingle- | were as follows: |
| o. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Januaras entar reno |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration month-and this occuration month-and | |
| 10. Date deceased last worked at this occupation month and year) | |
| 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causes of importance: |
| Y | |
| 13. NAME 10 the 14. BIRTHPLACE (city or town) 2007 Recounts | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| 17. INFORMANT Charles Thornton | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, DESCRIPTION OF REMOVED BY Date My / 2 1933 | Manner of injury |
| 19. UNDERTAKER ALEANSE STORE | Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? |
| 20. FILED July 1/, 183 Remonstrate | If so, specify (Signed) M. D |
| Registrar. If more blanks are needed, address State Registrar. | 2411 N. Charle Greet, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 weck ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V. B. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | 1 | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|----------------|------------|----|-----------|
|------------|-------|-----|----------------|------------|----|-----------|

V. S. No. 1 N. B.

should state

| STATE OF MARYLAND—CERTIFICATE OF DEAT | STATE | OF | MARYI | AND- | CERTIE | FICA | TE | OF | DEA | TH |
|---------------------------------------|-------|----|-------|------|--------|------|----|----|-----|----|
|---------------------------------------|-------|----|-------|------|--------|------|----|----|-----|----|

| 4 | 1 | pay | 64 | 0 | 1 |
|---|---|-----|----|------|-----|
| 1 | 9 | 7 | 3 | T. N | 174 |
| 1 | ĵ | - | U | U | ') |

| 1. PLACE C | OF DEATH | 1. | | | 207-9 | | 1115 |
|------------------------------------|---|----------------|-------------|-----------------------------------|---|---|-----------------------|
| County | oringe | Sec | rges | | | Registration Dist. No. | 049 |
| Village or | City | sileir | Ľ. | /16 | No. death occurred in a hospital or institution | St., | Ward |
| Length of re | esidence in city or town | where death or | curred | | | | |
| 2 FILL N | AME Un | krome | | Marin Cont | | | |
| | | n - now | ш | | | | |
| (a) Reside | | | Usual place | | St., Ward. | If nonresident give city or town | |
| | NAL AND STA | TISTICAL | PARTI | CULARS | MEDICAL CER | TIFICATE OF DEATH | 4 |
| male 3. SEX | 1. COLOR OR RA | OR | | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH | Month) (Day) | , 193 3 (Yeer) |
| 5a. If married, wido HUSBAND of | owed, or divorced | | | | 0 | | |
| (or) WIFE of | Mach | 6 | | | | CERTIFY, That I atten | |
| | | - MULLA | | | | , to | |
| | (month, day, and year | | | A | I last saw h alive on | | ; deeth is sald |
| | | nths | Days | If LESS than 1 day,hrs. | to have occurred on the date stated al | | |
| about | 65 - | | _ | ormin. | The PRINCIPAL CAUSE OF DEATH a were as follows: | ind releted causes of importance | Date of onset |
| 8. Trade, prof | fession, or particular | FR A | 4 | | | | |
| H 1 | work done, as SPINN R, BOOKKEEPER, etc | in | Mus | w. | Run over 2 | y R. R. I ran | |
| a work w | r business in which was done, as SILK MILL | · One | A | | | *********************** | |
| SAW M | IILL, BANK, etcased lest worked et | | 11 Total ti | ime (years) | | | |
| O this occ | cupation (month end | | Sp3i | nt in this | | | |
| , year) - | | | 00,0 | pation | Other Contributory Causes of importan | | |
| 12. BIRTHPLACE (| | | | | | Renknown | |
| (State or co | untry) | | | | | | |
| 13. NAME | (wenou | 2 1 | | | | | |
| 4.7 | CE (city or town) | Confer | ween | | Name of operation | Dete o | of |
| 1 (State) | or country) | , | | | What test confirmed diegnosis? | Was there | an autopsy? |
| 15. MAIDEN N | IAME 4 | nkno | wn | | 23. If death was due to external causes | (VIOLENCE) fill in also the follo | wing: |
| 6 16. BIRTHPLAC | CE (city or town) | nokus | w | | Accident, suicide, or homicide? | Sudes Date of injury | , 19 |
| | or country) | 0 | | | Where did Injury occur? | | |
| 17. INFORMANT | John Ja | t'ainte | md | | Specify whether injury eccurred In IN | (Specify city or town, county and IDUSTRY, In HOME, or in PUBLIC | State) PLACE. |
| 18. BURIAL, CREMA | ATION, OR REMOVAL | 1 24 | 1 | | Manner of injury | | |
| Place | Wa down | Date | ale | 0-1-1933 | | | |
| | M. O | M. | 0 / | + | | | |
| 19. UNDERTAKER (Address) | Jas | ens | 20 | w. | 24. Was disease or injury in any wey i | related to occupation of deceased? | |
| (Muuless) | nead | enel | wy | ma | If so, specify | Fa 15 180 | Ti tomas |
| 20. FILED aug | 1938 | Ma | Jan. | Derens | (Signed) Chan | anning. In | True order |
| 1 | 1 | | 1160. | Kegistrar. | (Acgress) | yourself ! | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | and the same of th | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attock of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 weck ogo |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important computation of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | il il | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitiat nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

If more blanks are needed, address State Resistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | T | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | (12:0) |
| County Truck France | Registration Dist. No. 24 |
| Village or City Hyalls Villa Mills | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where deeth occurredyrs,mos | ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME SESSIE Herndon W | illis fr. |
| (a) Residence: No. 4 Julia (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (wind the word) | 21. DATE OF DEATH (Month) (Oay) (Paar) |
| 5a. If married, widowed, or divorced | |
| HUSBANO of (or) WIFE of | 22. HEREBY CENTIFY. That I attanded deceased from 1933. to 14 1, 1933. |
| 6. DATE OF BIRTH (month, day, end year) | Mast saw hat eliva on Dely H. (1973); deeth is said |
| 7. AGE 7 Yaars 7 Months /4 Days If LESS than | to have occurred on the date stated abova, at Le. P. m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade profession or particular | agratic lymposition 7/2/3 |
| SAWYER, BOOKKEEPER, atc | Curring ! |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 11. Total time (years) | |
| 10. Oate decaased last worked at this occupation (month end the occupation (month end year) - occupation - oc | |
| 12. BIRTHPLACE (city or town) Washington (State or country) | Othar Centributory Causes of importanca: |
| E 13. NAME LESLIE & Certhin | |
| 13. NAME LEGITY TO COLOR TO COUNTY) 14. BIRTHPLACE (city or town). The state of country) | Name of operation Date of What test confirmed diagnosis? Decree Was there an autopsy? |
| 15. MAIDEN NAME Frances. C. Morrican | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: |
| 15. MAIOEN NAME TANKEN, Le MANICAN 16. BIRTHPLACE (city or town) Styly and County (State or country) | Accident, suicida, or homicide? |
| (Steta or country) Terephylics (50) 5 to | Where did Injury occur? |
| 17. INFORMANT Leslis HT Leslis (Address) | (Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury |
| Place Glesson odlesson Doble 1/15, 19 33 | - Nature of injury |
| 19. UNDERTAKER IT Jacober Jour (Address) The Marches Jour | 24. Wes disease er injury in eny way related to occupation of deceased? 200 |
| 20. FILEO July 17, 1933 Mrs. Jas . Serore | (Signed) 75 7 Chilly M.C. (Address) An entropy (Address) |
| | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | • |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |